

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 29

For Official Use Only

Statement covers period

from 01/01/2019

through 12/31/2019

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

AMEND TO DISCLOSE ADDITIONAL ACCRUED EXPENSES

3. Committee Information

I.D. NUMBER
1422494

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
FORM410@NMGVLAW.COM

Treasurer(s)

NAME OF TREASURER
ROBERT KLEIN III

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PALO ALTO	CA	94306	650-419-7644

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/31/2020 By ROBERT KLEIN III
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee



OF BALLOT MEASURE

AUTHORIZES BONDS TO CONTINUE FUNDING STEM CELL AND OTHER MEDICAL

BALLOT NO. OR LETTER

JURISDICTION

14

STATEWIDE - NOVEMBER 2020

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>29</u> I.D. NUMBER 1422494
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$0.00	\$0.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$0.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$712,253.72	\$712,253.72
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$712,253.72	\$712,253.72

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$0.00	\$0.00
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$0.00	\$0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$270,870.30	\$270,870.30
10. Nonmonetary Adjustment	Schedule C, Line 3	\$712,253.72	\$712,253.72
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$983,124.02	\$983,124.02

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16	<u>\$0.00</u>
13. Cash Receipts	Column A, Line 3 above	<u>\$0.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>\$0.00</u>
15. Cash Payments	Column A, Line 8 above	<u>\$0.00</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	<u>\$0.00</u>
If this is a termination statement, Line 16 must be zero.		

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$270,870.30

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	12/31/2019	Page 4 of 29
NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. Number 1422494

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$0.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$0.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2019
through 12/31/2019

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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I.D. Number 1422494	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>29</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON10	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	DIGITAL ADS	\$57.20	\$712,253.72	
11/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON11	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$50.00	\$712,253.72	
12/17/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON14	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	SIGNATURE GATHERING	\$500,000.00	\$712,253.72	
12/27/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON15	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	PETITION CIRCULATION	\$35,340.30	\$712,253.72	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$712,253.72

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$712,253.72
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$712,253.72

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 01/01/2019 through 12/31/2019	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON19	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$50.00	\$712,253.72	
11/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON2	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$50.00	\$712,253.72	
12/17/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON20	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN & DIGITAL ADS	\$13,921.00	\$712,253.72	
11/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON3	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$660.00	\$712,253.72	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 01/01/2019 through 12/31/2019	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON4	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$10.83	\$712,253.72	
12/4/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON5	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	MEDIA RELATIONS	\$17,859.36	\$712,253.72	
12/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON6	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	DIGITAL MEDIA	\$852.00	\$712,253.72	
12/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON7	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION		\$108,835.03	\$712,253.72	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>29</u>	I.D. Number 1422494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON8	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	SIGNATURE GATHERING	\$34,000.00	\$712,253.72	
12/19/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON9	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	P.O. BOX APPLICATION	\$568.00	\$712,253.72	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$712,253.72

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	01/01/2019	CALIFORNIA FORM 460	
through	12/31/2019	Page 11 of 29	
		I.D. NUMBER 1422494	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2019 through 12/31/2019	CALIFORNIA FORM 460
Page 12 of 29	I.D. NUMBER 1422494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
- Unitemized payments made this period of under \$100.
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL**

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2019
through 12/31/2019

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS	\$0.00	\$4,735.50	\$0.00	\$4,735.50
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS	\$0.00	\$4,624.15	\$0.00	\$4,624.15
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$0.00	\$33,253.29	\$0.00	\$33,253.29

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$270,870.30
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$270,870.30
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2019
through 12/31/2019

**CALIFORNIA
FORM 460**

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	REIMBURSED EXPENSES; UNDER \$500	\$0.00	\$505.66	\$0.00	\$505.66
SALIENTPOINT, LLC Boston, MA 02110	PRO	\$0.00	\$3,712.50	\$0.00	\$3,712.50
OLSON REMCHO LLP Sacramento, CA 95814	PRO	\$0.00	\$6,612.50	\$0.00	\$6,612.50
SALIENTPOINT, LLC Boston, MA 02110	SEE SCHEDULE G	\$0.00	\$1,188.81	\$0.00	\$1,188.81

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2019
through 12/31/2019

CALIFORNIA
FORM 460

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS	\$0.00	\$3,237.00	\$0.00	\$3,237.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY34	WEBSITE DESIGN	\$0.00	\$50.00	\$0.00	\$50.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY35	WEBSITE DESIGN	\$0.00	\$660.00	\$0.00	\$660.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY36	WEBSITE DESIGN	\$0.00	\$10.83	\$0.00	\$10.83

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2019
through 12/31/2019

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	REIMBURSED EXPENSES; UNDER \$500	\$0.00	\$747.17	\$0.00	\$747.17
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY37	WEBSITE DESIGN	\$0.00	\$50.00	\$0.00	\$50.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY38	DIGITAL ADS	\$0.00	\$57.20	\$0.00	\$57.20
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY39	MEDIA RELATIONS	\$0.00	\$17,859.36	\$0.00	\$17,859.36

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2019
through 12/31/2019

CALIFORNIA
FORM 460

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY40	DIGITAL MEDIA	\$0.00	\$852.00	\$0.00	\$852.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY41		\$0.00	\$108,835.03	\$0.00	\$108,835.03
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY42	SIGNATURE GATHERING	\$0.00	\$34,000.00	\$0.00	\$34,000.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY43	WEBSITE DESIGN & DIGITAL ADS	\$0.00	\$13,921.00	\$0.00	\$13,921.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2019
through 12/31/2019

CALIFORNIA
FORM 460

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY44	WEBSITE DESIGN	\$0.00	\$50.00	\$0.00	\$50.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY45	P.O. BOX APPLICATION	\$0.00	\$568.00	\$0.00	\$568.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY46	PETITION CIRCULATION	\$0.00	\$35,340.30	\$0.00	\$35,340.30
SUBTOTALS		\$0.00	\$270,870.30	\$0.00	\$270,870.30

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	12/31/2019	Page 19 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICANS FOR CURES FOUNDATION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DON REED - CONSULTANT Fremont, CA 94536	CNS			\$3,600.00
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	OFC			\$2,743.80

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6343.80

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2019
through 12/31/2019

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SALIENTPOINT, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMERICAN AIRLINES Fort Worth, TX 76155	TRS			\$525.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$525.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 01/01/2019 through 12/31/2019	CALIFORNIA FORM 460
	Page 21 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	12/31/2019	Page 22 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$.00

2. Unitemized increases to cash under \$100 this period..... \$.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:

ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 20368, STANFORD, CA 94309

Memo Reference: NON2

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106

Memo Reference: NON3

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106

Memo Reference: NON4

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106

Memo Reference: NON5

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: NON6

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: NON7

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: NON8

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: NON9

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106

Memo Reference: NON10

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106

Memo Reference: NON11

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106

Memo Reference: NON15

MADE BY ROBERT N. KLEIN II; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: NON14

MADE BY ROBERT N. KLEIN II; REC'D THRU INTERMEDIARIES: KLEIN FINANCIAL CORPORATION & AMERICANS FOR STEM CELL THERAPIES AND CURES (SAME ADDRESS)

Memo Reference: NON19

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106

Memo Reference: NON20

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: PAY34

NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY35
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY36
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY37
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY38
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY39
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY40
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY41
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY42
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY43
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY44
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY45
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY46
NON-MONETARY LOAN; SEE SCHEDULE C
